

FILED OCT 13 1948

Registration District No. _____

Primary Registration District No. _____

1003

State File No. _____

Registrar's No. _____

82817

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Missouri Baptist Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 1 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Julia Amanda Hurley

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife James Hurley 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased October 25 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 11 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace Washington County, Mo
(City, town or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business Housework

12. Name Mrs. Smith

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary De Cleve

15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Hurley

(b) Address Festus Mo

17. (a) Burial (b) Date thereof 9-29-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Festus Mo

18. (a) Signature of funeral director Funeral Parlor

(b) Address Festus Missouri

19. (a) SEP 20 1948 (b) J. Brueck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jefferson
(c) City or town Festus
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Festus
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 27
year 44 hour 2:25 minute 2 P. M.

21. I hereby certify that I attended the deceased from 9-15-44 to 9-27-44
that I last saw him alive on 9-27-44 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Thrombosis
Due to Septicemia
Due to Septicemia
Other conditions (Include pregnancy within 3 months of death) 131

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? _____ (Specify type of place)
(e) Means of injury 9-27-44
23. Signature R. K. Anderson (M. D. or other) _____
Address 479 32nd St. Festus Mo Date signed _____

WRITE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

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Missive body...

John Amanda Hagen

...

...

...

...

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____
_____, Registered Apprentice No. _____
working under my personal supervision.

Signed *Elean Province*

Licensed Embalmer No. *3403*

P. O. Address *Festus Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.